


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 - 0 - 6 - 0 - 7 - 2	2. PERIOD COVERED MO DAY YEAR From 0 - 1 - 0 - 1 - 2 - 0 - 0 - 0 Through 1 - 2 - 3 - 1 - 2 - 0 - 0 - 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (Type or print in capital letters.) First Name D o n Last Name H a n n a n P.O. Box • Building and Room Number (if any) P.O. Box 761 ZIP-42002-0761 Number and Street 1415 South Third Street City P a d u c a h State ZIP Code + 4 K Y 42003	
5. DESIGNATION (Local, Lodge, etc.) Laborers		6. DESIGNATION NUMBER 1214	
7. UNIT NAME (if any) Local			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 14	Audit prepared by Roger A. Frantz, PSC PO Box 850 Pewee Valley, KY 40056

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Michael J. Vaughn</u> <u>03126101</u> <u>2701442-3434</u> Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Don Hannan</u> <u>03126101</u> <u>2701442-3434</u> Date Telephone Number	TREASURER (If other title, see instructions.)
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*During the Reporting Period Did Your Organization:*

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input type="checkbox"/>            |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 6 3 6

19. What is the date of your organization's next regular election of officers? MO YEAR  
0 6 2 0 0 2

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 2 0 0 0 0

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ _____ per _____ Month (Month, Year, etc.)
(b) Initiation Fees	\$ 500
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

- |  |                              |  |
|--|------------------------------|--|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....<br>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? .....  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 0 6 — 0 7 2

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash .....	1	2 2 5 2 0 5	2 2 9 0 2 4
	26. Accounts Receivable .....			
	27. Loans Receivable .....			
	28. U.S. Treasury Securities .....			
	29. Investments .....	2		
	30. Fixed Assets .....	5	4 5 5 6 8 1	4 3 8 4 1 8
	31. Other Assets .....	3		
	32. TOTAL ASSETS .....		6 8 0 8 8 6	6 6 7 4 4 2

LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable .....	8		
	34. Loans Payable .....			
	35. Mortgages Payable .....			
	36. Other Liabilities .....	4	4 4 5 5	5 0 5 2
	37. TOTAL LIABILITIES .....		4 4 5 5	5 0 5 2
	38. NET ASSETS (Item 32 less Item 37) .....		6 7 6 4 3 1	6 6 2 3 9 0

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 6 - 0 7 2

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....		3 6 5 4 4 0	56. To Officers .....	9	6 8 9 7 4
40. Per Capita Tax .....			57. To Employees .....	10	2 2 4 8 9
41. Fees .....		1 7 3 0 0	58. Per Capita Tax .....		1 0 5 7 5 3
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		3 8 2 9
43. Assessments .....			60. Office & Administrative Expense ....	13	3 1 3 7 4
44. Work Permits .....			61. Educational & Publicity Expense ...		5 1 8 9
45. Sale of Supplies .....			62. Professional Fees .....		5 4 2 3
46. Interest .....		8 9 6 5	63. Benefits .....	11	5 8 9 5 6
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	2 2 0 0
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		1 1 9 6 0
50. Loans Obtained .....	8		67. Withholding Taxes .....		3 6 1 4 0
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	8 1 7 5
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	1 5 3 4	71. To Affiliates of Funds Collected on Their Behalf .....		9 7 5 7
55. TOTAL RECEIPTS .....		3 9 3 2 3 9	72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	1 9 2 0 1
			74. TOTAL DISBURSEMENTS .....		3 8 9 4 2 0

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 0 6 — 0 7 2

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <div>             ↑ Item 27 Column (A)           </div> <div>             ↑ Item 69           </div> <div>             ↑ Item 51           </div> <div>             ↑ Item 75 with Explanation           </div> <div>             ↑ Item 27 Column (B)           </div> </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 0 0 6 0 7 2

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Payroll Liabilities	5,052
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	5 0 5 2
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 0 6 — 0 7 2

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 917 Ellis Paducah, KY 1415 South 3rd Street Paducah, KY	8,000 62,945		8,000 62,945	12,500 80,000
2. Totals from additional pages (if any)				
3. Buildings (give location): 917 Ellis Paducah, KY 1415 S. Third Street Paducah, KY	45,456 302,979	31,168 8,741	14,288 294,238	90,000 340,000
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	47,059	16,869	30,190	30,190
6. Office Furniture and Equipment	53,943	31,029	22,914	22,914
7. Other Fixed Assets	6,151	308	5,843	5,843
8. Totals of Lines 1 through 7	526,533	88,115	4 3 8 4 1 8	581,447
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in ..... Item 49				

# **SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: 0 0 6 — 0 7 2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1 Office Equipment	2,024	2,024	2,024
2 Leashold Improvements	6,151	6,151	6,151
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	8,175	8,175	8,175
	7. Less Reinvestments		
	8. Net Purchases		8 1 7 5
Enter the Total from Line 8 in ..... <span style="float: right;">↑ Item 68</span>			

# **SCHEDULE 8 — LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <span style="margin-left: 100px;">↑ Item 34 Column (C)</span> <span style="margin-left: 100px;">↑ Item 50</span> <span style="margin-left: 100px;">↑ Item 70</span> <span style="margin-left: 100px;">↑ Item 75 with Explanation</span> <span style="margin-left: 100px;">↑ Item 34 Column (D)</span>					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 006-072

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*				
1. Last Name: V a u g h n First Name: M i c h a e l Title: P r e s / F i e l d R e p Status: C	43909		6917		50826
2. Last Name: H a n n a n First Name: D o n Title: S e c / T r e a Status: C	43783		5476		49259
3. Last Name: H a t c h e r First Name: T i m Title: R e c . S e c Status: C		550			550
4. Last Name: Y a t e s First Name: J a m e s Title: V i c e P r e s Status: C		550			550
5. Last Name: S i l l i s First Name: R . W . Title: A u d i t o r Status: P		330			330
6. Last Name: T i m m o n s First Name: R o c k y Title: A u d i t o r Status: C		330			330
7. Last Name: H o r n First Name: J o h n Title: E x - B o a r d Status: C		440			440
8. Totals from additional pages (if any)		1520			1520
9. Totals of Lines 1 through 8	87692	3720	12393		103805
10. Less Deductions			34831		
Enter the Total from Line 11 in ..... Item 56 →			11. Net Disbursements 68974		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 0 6 - 0 7 2

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: G i l b e r t      First Name: B r e n d a Position: B o o k k e e p e r Name of Affiliated Organization:	2 8 0 5 6				2 8 0 5 6
2. Last Name:      First Name:      Position:      Name of Affiliated Organization:					
3. Last Name:      First Name:      Position:      Name of Affiliated Organization:					
4. Last Name:      First Name:      Position:      Name of Affiliated Organization:					
5. Last Name:      First Name:      Position:      Name of Affiliated Organization:					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	1,933				1,933
8. Totals of Lines 1 through 7	29,989				29,989
9. Less Deductions			7 5 0 0		
Enter the Total from Line 10 in..... Item 57 ➡			10. Net Disbursements 2 2 4 8 9		

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 0 6 — 0 7 2

Description (A)	To Whom Paid (B)	Amount (C)
1. LIUNA Pension	LIUNA Local Union & Trust Pension Fund	14,773
2. Health & Welfare Training	Bank of Louisville	19,369
3. Laborers National Pension	Laborers National Pension Fund	24,814
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		5 8 9 5 6
Enter the Total from Line 6 ..... Item 63		

# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Contributions	2,200
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 2 0 0
Enter the Total from Line 8 in ..... Item 64	

# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Cleaning	3,000
2. Conferences/Meetings	3,915
3. Office Expenses	9,256
4. Postage	1,402
5. Printing	1,000
6. Utilities	12,801
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 1 3 7 4
Enter the Total from Line 8 in ..... Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. Other Reimbursements	1,534
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 5 3 4
Enter the Total from Line 17 in ..... Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Insurance	7,411
2. Organizing	11,377
3. Repairs	413
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 9 2 0 1
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME:  
Laborers

ENDING DATE OF PERIOD COVERED:  
12/31/2000

FILE NUMBER: 0 0 6 - 0 7 2

PAGE 1 OF 1 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)				
Last Name: Walker First Name: Jay Title: Ex - Board Status: C		4 8 0			4 8 0
Last Name: Stokes First Name: Stanley Title: Ex - Board Status: C		4 4 0			4 4 0
Last Name: Phillips, Jr First Name: William Title: Auditor Status: C		2 7 0			2 7 0
Last Name: Pennnebaker First Name: Mitch Title: Sgt @ Arms Status: C		3 3 0			3 3 0
Last Name: First Name: Title: Status:					
Last Name: First Name: Title: Status:					
Last Name: First Name: Title: Status:					
Last Name: First Name: Title: Status:					
Totals		1 5 2 0			1 5 2 0

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						